**Qualitative**  **Mask Fit Test/PAPRA (Airmate 12)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

OSHA N95 Respirator

Health screen reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MD/RN/LPN)

Approved for fit testing

Not approved for fit testing

Airmate 12/PAPRA

Subject has not had any food, drink, and/or gum 15 minutes prior to testing

|  |  |
| --- | --- |
| **Sensitivity Test** | **Fit Test** |
| # taste squeeze: | Duration of exercise: 60 seconds per each except |
| 1-10 (10 test squeezes) | Grimace is 15 seconds |
| 11-20 (20 test squeezes) | To maintain concentration of Bitrex, may repeat |
| 21-30 (30 test squeezes) | Test squeeze with ½ test # every 30 seconds |

Subject able to properly place mask on face

**Test Pass Fail Pass Fail**

Normal breathing

Deep breathing     Subject may retest once.

Turn head side to side     If fail both tests–refer to PAPRA

Move head up and down

Talk (read rainbow passage)

Jogging

Grimace (15’)

Normal breathing

**Overall results: Pass/Fail**

Respirator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified mask fit tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tester signature

I have been instructed in the proper use of the N-95 respirator/PAPRA (Airmate 12). I will follow all procedures, policies, and warnings of this respirator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature

**\*\*Return a copy to Mike Nay, Sr. Director of Respiratory Care Services, secure e-fax number: 336-277-9592\*\***